

REQUEST FOR APPROVAL OF LIAISON				DATE	
TO : Chief, Employee Activity Branch, PSD/OS				4/1/5-9	
THROUGH: 1.		2.		Chief, Official Cover & Liaison/CCB/FI	
The following contact is hereby				☐ reported ☒ one-time	
				☐ requested to be effective on a ☐ continuing basis:	
CIA EMPLOYEES				NON-CIA EMPLOYEE	
[03]		EXT.	OFFICE	NAME (Last) (First) (Initial)	RANK
		EXT.	OFFICE	TITLE	
NAME		EXT.	OFFICE	ORGANIZATION	
NAME		EXT.	OFFICE	BUSINESS ADDRESS	
NAME		EXT.	OFFICE		
NAME		EXT.	OFFICE		PHONE

PPC
Provisional
Proprietary
Clearance
Staff